

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Occupational Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806

Telephone: (907) 465-2534 Fax: (907) 465-2974

E-mail: license@commerce.state.ak.us Website: www.commerce.state.ak.us/occ

REQUEST FOR LICENSE VERIFICATION

To request an official signed and sealed document verifying your Alaska license, certification, or registration to be sent to another state or agency, please complete this form and submit it along with the **\$20.00 verification fee** to the address listed above. Make checks payable to "State of Alaska." If you would like the verification returned by express courier, please submit a prepaid addressed envelope. Requests are generally processed within 10 to 14 days of receipt.

PROFESSION:		
License Number:	License Type:	
Is license current?	lo License Expiration Date:	
Name:		
Last	First	Middle
Mailing Address:		
Street		
City Is this a change of address?	State es	Zip Code
Provide Name and Address of agency rece	viving license verification: (\$20.00 per ma	ailing)
		-,
(1)		
		<u> </u>
(2)		
-		
Signature	Date	